

COMPLAINT FORM for Non-Emergency Transportation

THIS FORM CAN BE USED BY THE FACILITY OR MEMBER.

Mailing Address

LogistiCare Solutions, LLC
Quality Assurance
7443 Lee David Road
Mechanicsville, VA 23111
Fax #: 1-866-660-4372

Today's Date _____ Date of Trip _____ Facility/Agency _____

Completed by _____ Title _____ Phone _____

Member Name _____ Fax number (if available) _____

Problem occurred at: _____ City _____
Site Name if applicable, then Street address

Date/Time Scheduled Pick-up: _____ Transportation Provider _____
If known, who was the

Nature of Complaint: Please check all that apply

- Provider NO-SHOW (i.e., did not arrive at all)
- Provider was LATE or EARLY Scheduled Arrival Time _____ Actual Arrival Time _____
- Missed Appointment
- Wrong type of vehicle sent for trip (e.g. needed wheel chair van, needed stretcher, etc. ...)
- Told by LogistiCare at Time _____ Date _____ that "No Provider Available" to do the trip
- Member rode too long on vehicle Time picked up _____ Arrived _____
- Driver did not follow special instructions given for pick up, drop off or return trip
- Driver did not require seat belt use
- Driver Safety (e.g., speeding, careless driving, no name tag, driver rude, driver lost, eating, drinking, smoking, inappropriate conduct, passenger assistance issue, etc...)
- Vehicle Safety (e.g., no inspection sticker, broken window, bald tires, cleanliness, no signage on vehicle, no heat or A/C
- Wheelchair Incident (e.g., not using 4 tie downs, no seat belt used, no shoulder restraint used, driver riding on wheelchair lift, lift not working properly, etc...)
- Facility/Agency not notified of change in provider, scheduled pick up or return time
- Member or Family not notified of change in provider, scheduled pick up or return time
- Other Issues with LogistiCare (please explain below)
- Ongoing or unresolved issue(s) that have been reported but are still occurring.

Specifics of Complaint: _____

How to File a Virginia Medicaid Complaint

Virginia Medicaid complaints should be reported to the Ride Assist Call Center at 866-246-9979. A complaint number will be assigned and provided at the time of the call. If there is additional information to be provided, you may call back and add it to the initial complaint.

If a complaint is on-going, unresolved or egregious you may complete this written complaint form to expand the detail of your complaint. The complaint should be faxed to 866-660-4372.

If a fax machine is not available, you may mail the complaint to:

Modivcare
Attention Member Experience
7443 Lee Davis Road, Suite 200
Mechanicsville, VA 23111

When all avenues have been exhausted with LogistiCare and your complaint has not been resolved, you may escalate your issue to DMAS (e.g. an issue goes unresolved by LogistiCare, repetitive in nature, serious concern, or an accident or incident). Please fax the complaint to 804-371-6035 or contact your DMAS regional representative.